2003 FOR PROFIT CORPORATION

FILED Mar 21, 2003 8:00 am & Secretary of State **UNIFORM BUSINESS REPORT (UBR** P99000042240 DOCUMENT # 1. Entity Name 03-21-2003 90123 034 ***150.00 CULTURED PEARL WORLD, INC. Principal Place of Business Mailing Address 1729 É COMMERCIAL BLVD 1729 E COMMERCIAL BLVD PMB 204 FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address 5170 NE 18TH TERRACE ew. ィナてLE Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 5170 NE18 City & State City & State 4. FEI Number Applied For 65-0922537 FORT LAUDER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired - _ _ ___ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITTLE, LINDA I Street Address (P.O. Box Number is Not Acceptable) 5170 NE 18TH TERRACE FORT LAUDERDALE FL 33308 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 3-18-03 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITI F Change ☐ Addition LITTLE, LINDA I NAME NAME STREET ADDRESS 5170 NE 18 TERRACE STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete < -TITLE Change ____ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-7IP